

# Complaint Form

## USDA Donated Commodities

### RECIPIENT AGENCY USE ONLY

Recipient Agency Name:		Address: (Include Street, City, State, And Zip)	
Contact Person:		Title:	Phone #:
Date:	Commodity:		
Contract #:	Lot #:	Case/Box #:	Can Code:
Pack Date:	Date Received:	Amount Received	Vendor:
Location Of Product:		Amount Product Remaining:	
Reason For Complaint:			
Seeking Replacement:    {        }    For Information Only:    {        }    Isolated Incident:    {        } Other:                                {        }    Vendor Response Requested:    {        }			
Description Of Problem/Complaint: (Hand Written Or Typed)			

Return this completed form to:  
 NE Food Distribution Program  
 PO Box 95044  
 Lincoln, NE 68509  
 FAX (402) 742-2329